

**WAC 246-976-560 Designation standards for facilities providing level II trauma care service--Basic resources and capabilities.**

A facility with a designated level II trauma care service shall have:

(1) An emergency department, with:

(a) A physician director who:

- (i) Is board-certified in emergency medicine or other relevant specialty;
- (ii) Is ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine; and
- (iii) Has completed the pediatric education requirement (PER) as defined in WAC 246-976-886, except that this requirement shall not apply to a physician board-certified in pediatric emergency medicine.

(b) Physicians who:

- (i) Are board-certified in emergency medicine, or board-certified in a specialty and practicing emergency medicine as their primary practice with special competence in care of trauma patients;
- (ii) Are available within five minutes of patient's arrival in the emergency department;
- (iii) Are ATLS and ACLS trained, except this requirement shall not apply to a physician board-certified in emergency medicine;
- (iv) Have completed the PER as defined in WAC 246-976-886, except this requirement shall not apply to a physician board-certified in pediatric emergency medicine; and
- (v) Are designated as members of the trauma team;

(c) Registered nurses who:

- (i) Are ACLS trained;
- (ii) Have completed the PER as defined in WAC 246-976-886;
- (iii) Have successfully completed a trauma life support course as defined in WAC 246-976-885; and
- (iv) Are in the emergency department and available within five minutes of patient's arrival in the emergency department;

(d) An area designated for adult and pediatric resuscitation, with equipment for resuscitation and life support of pediatric and adult trauma patients, including equipment as described in WAC 246-976-620;

(e) Routine radiological capabilities by a technician available within five minutes of notification of team activation.

(2) A surgery department, including:

(a) An attending general surgeon on-call and available within twenty minutes of notification of team activation. The attending surgeon shall:

- (i) Provide trauma team leadership upon arrival in the resuscitation area;
- (ii) Be board-certified;

- (iii) Have trauma surgery privileges as delineated by the medical staff; or
- (b) A postgraduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the emergency department until the arrival of the attending surgeon. The attending surgeon shall be available within twenty minutes upon notification of team activation. The resident shall have ATLS training and have completed the PER as defined in WAC 246-976-886;
- (c) All general surgeons who are responsible for care and treatment of trauma patients shall:
  - (i) Be trained in ATLS and ACLS, except this requirement shall not apply to a physician board-certified in surgery; and
  - (ii) Have completed the PER as defined in WAC 246-976-886.
- (3) An operating room available within five minutes of notification of team activation, with:
  - (a) A registered nurse or designee of the operating room staff who is available within five minutes of notification of team activation to open the operating room, and to coordinate responsibilities to ensure the operating room is ready for surgery upon arrival of the patient, the surgeon, and the anesthesiologist;
  - (b) Other essential personnel on-call and available within twenty minutes of notification of team activation;
  - (c) A written policy providing for mobilization of additional surgical teams for trauma patients; and
  - (d) Instruments and equipment appropriate for pediatric and adult surgery, including equipment as described in WAC 246-976-620.
- (4) A post anesthetic recovery unit with:
  - (a) Essential personnel, including at least one registered nurse, on-call and available twenty-four hours a day;
  - (b) Nurses ACLS trained;
  - (c) Nurses who have completed the PER as defined in WAC 246-976-886; and
  - (d) Appropriate monitoring and resuscitation equipment.
- (5) A critical care service, with:
  - (a) A medical director who is:
    - (i) Board-certified in surgery, internal medicine, or anesthesiology, with special competence in critical care; and
    - (ii) Responsible for coordinating with the attending staff for the care of trauma patients, including:
      - (A) Development and implementation of policies;
      - (B) Coordination of medical care;
      - (C) Determination of patient isolation;
      - (D) Authority for patient placement decisions;
      - (E) Equipment;
      - (F) Coordination of staff education;

- (G) Coordination of statistics;
    - (H) Identification of criteria for reviewing quality of care on all critical care unit trauma patients, in conjunction with the trauma service medical director;
  - (b) A physician available in the critical care unit within five minutes of notification;
  - (c) A physician directed code team;
  - (d) Critical care unit registered nurses with special competence in trauma care, who:
    - (i) Are ACLS trained;
    - (ii) Have successfully completed a trauma life support course as defined in WAC 246-976-885;
  - (e) If the facility is not designated as a pediatric trauma care service, have a written transfer agreement and guidelines for pediatric trauma patients;
  - (f) Equipment as described in WAC 246-976-620.
- (6) Respiratory therapy available within five minutes of notification.
- (7) A clinical laboratory technologist available within five minutes of notification.
- (8) Clinical laboratory services, including:
- (a) Standard analysis of blood, urine, and other body fluids;
  - (b) Coagulation studies;
  - (c) Blood gases and pH determination;
  - (d) Serum and urine osmolality;
  - (e) Microbiology;
  - (f) Serum alcohol and toxicology determination;
  - (g) Drug screening; and
  - (h) Microtechnique.
- (9) Blood and blood-component services, including:
- (a) Blood and blood components available from in-house or through community services, to meet patient needs;
  - (b) Noncrossmatched blood available on patient arrival in emergency department;
  - (c) Blood typing and cross-matching;
  - (d) Policies and procedures for massive transfusion;
  - (e) Autotransfusion; and
  - (f) Blood storage capability.
- (10) Radiological services, including:
- (a) A technician available within five minutes of notification, able to perform routine radiological procedures;
  - (b) A technician on-call and available within twenty minutes of notification, able to perform the following:
    - (i) Computerized tomography;

- (ii) Angiography of all types; and
  - (iii) Sonography.
- (11) Acute dialysis capability, or written transfer agreements.
- (12)(a) A physician-directed burn unit staffed by nursing personnel trained in burn care; and equipped to care for extensively burned patients; or
  - (b) Written transfer guidelines in accordance with the guidelines of the American Burn Association, and transfer agreements for burn care.
- (13)(a) The ability to manage acute head and/or spinal cord injuries or;
  - (b) Have written transfer guidelines and agreements for head and spinal cord injuries.
  - (c) Early transfer to an appropriate designated trauma rehabilitation service shall be considered.
- (14) A trauma rehabilitation coordinator to facilitate the trauma patient's access to rehabilitation services.
- (15)(a) A designated trauma rehabilitation service; or
  - (b) Written agreements to transfer patients to a designated trauma rehabilitation service when medically feasible.
- (16) A heli-stop, landing zone, or airport located close enough to permit the facility to receive or transfer patients by fixed-wing or rotary-wing aircraft.